| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 |  |  |                          |   |                   |   |                     |                   | Application or Docket Number |                        |     |            |                        |  |
|--|--|--|--------------------------|---|-------------------|---|---------------------|-------------------|------------------------------|------------------------|-----|------------|------------------------|--|
|  |  | CLAIMS                                       | AS FILED                 | PART  | l                 | (Column 2)                                |                     | SMALL ENT<br>TYPE |                              | Y                      | 0   |            | R THAN<br>L ENTITY     |  |
| U.S. NATIONAL STAGE FEES   |  |  |                          |   |                   |   |                     | RA                | TE                           | FEE                    | 7   | RATE       | FEE                    |  |
| BASIC FEE  |  |  | SMALL E                  | SMALL ENT. = \$ 150   |                   | RGE ENT. = \$ 300                         | ,                   | BASIC F           | EE.                          | +                      | 70  |            |                        |  |
| EXAMINATION, FEE   |  |  |                          | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                      |                   | All other situations =<br>\$ 100 / \$ 200 |                     | EXAM, F           | EE                           | 100                    | 4 " | EXAM. FEE  |                        |  |
| SEARCH FEE   |  |  | U.S. is ISA<br>ALL other | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$200 / \$400 |                   | All other situations =<br>\$ 250 / \$ 500 |                     | SEARCH            | FEE                          | 200                    | 7   | SEARCH FEE | +-                     |  |
| FEE FOR EXTRA SPEC. PGS.   |  |  | <b>———</b>               | minus 100 =   |                   | / 50 =                                    |                     | X \$ 1:           | 25 =                         | 100                    | 1   | X \$ 250 = |                        |  |
| TOTAL CHARGEABLE CLAIMS  |  |  | 4                        | 4 inus 20 =   |                   | 0   |                     | X \$ 2            | 5 =                          |                        | OR  |            | -                      |  |
| NDEPENDENT CLAIMS  |  |  | 1/                       | minus 3 =   | •                 | ()  | 1                   | X \$ 10           | )O =                         | <del> </del>           | OR  |            |                        |  |
| MU   | LTIPLE DEPE  | NDENT CLAIM P                                | RESENT                   |   |                   | $\overline{}$                             | 1                   | + \$ 18           |                              |                        | OR  |            | <del>- </del>          |  |
| If the difference in column 1 is less than zero, ent                   |  |  |                          |   | " in a            | olumn 2                                   | J                   | TOTA              |                              | 450                    | OR  |            |                        |  |
| AMENDMENT A  | 4/07/ <u>0</u>   | CLAIMS AS (Column 1) CLAIMS REMAINING AFTER  |                          | (Colum<br>HIGHE<br>NUMB   | in 2)<br>ST<br>ER | (Column 3) PRESENT                        | ]                   | SMA               |                              | ADDI-<br>TIONAL        | OR  |            | ENTITY<br>ADDI-        |  |
|  | <u> </u>   | AMENDMENT                                    | ļ                        | PREVIOU<br>PAID F   |                   | EXTRA                                     |                     | NAIL              |                              | FEE                    | 1   | RATE       | TIONAL<br>FEE          |  |
|  | Total  | 4  | Minus                    | " 20  | 2                 | = /                                       |                     | X \$ 25           | =                            | $\perp$                | OR  | X \$ 50 =  |                        |  |
|  | Independent  | <u>                                     </u> | Minus                    | <u>"3</u>   |                   | · /                                       |                     | X \$ 100          | )=                           | $\perp$                | OR  | X \$ 200 = |                        |  |
| لـ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA   |  |                          |   | MIA               |   |                     | + \$ 180          |                              | 1.                     | OR  | + \$ 360 = | ·                      |  |
|  |  |  | TOTAL AD                 | OIT.  | 1                 | OR  | TOTAL ADDIT.<br>FEE |                   |                              |                        |     |            |                        |  |
|  |  | (Column 1)                                   |                          | (Column   | 2)                | (Column 3)                                |                     |                   |                              |                        |     |            |                        |  |
| <b>!</b>   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |                          | HIGHES<br>NUMBE<br>PREVIOUS<br>PAID FO                                | R<br>SLY          | PRESENT<br>EXTRA                          |                     | RATE              |                              | ADDI-<br>TIONAL<br>FEE |     | RATE       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •  | Minus                    | ••  |                   | =   | ſ                   | X \$ 25           | =                            |                        | OR  | X \$ 50 =  |                        |  |
|  | ndependent   | •  | Minus                    | ***   |                   | =   | Ī                   | X \$ 100          | =                            |                        | OR  | X \$ 200 = |                        |  |
|  | FIRST PRES   | ENTATION OF MI                               | JLTIPLE DEPE             | NDENT CL  | AIM               |   | Ī                   | + \$ 180          | =                            |                        | OR  | + \$ 360 = |                        |  |
| TOTAL ADDIT.  FEE  OR TOTAL ADDIT.  FEE                                |  |  |                          |   |                   |   |                     |                   |                              |                        |     |            |                        |  |
| . n  | If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                          |   |                   |   |                     |                   |                              |                        |     |            |                        |  |